

Name
in
Full

Raymond W Barroll

CERTIFICATE OF DEATH

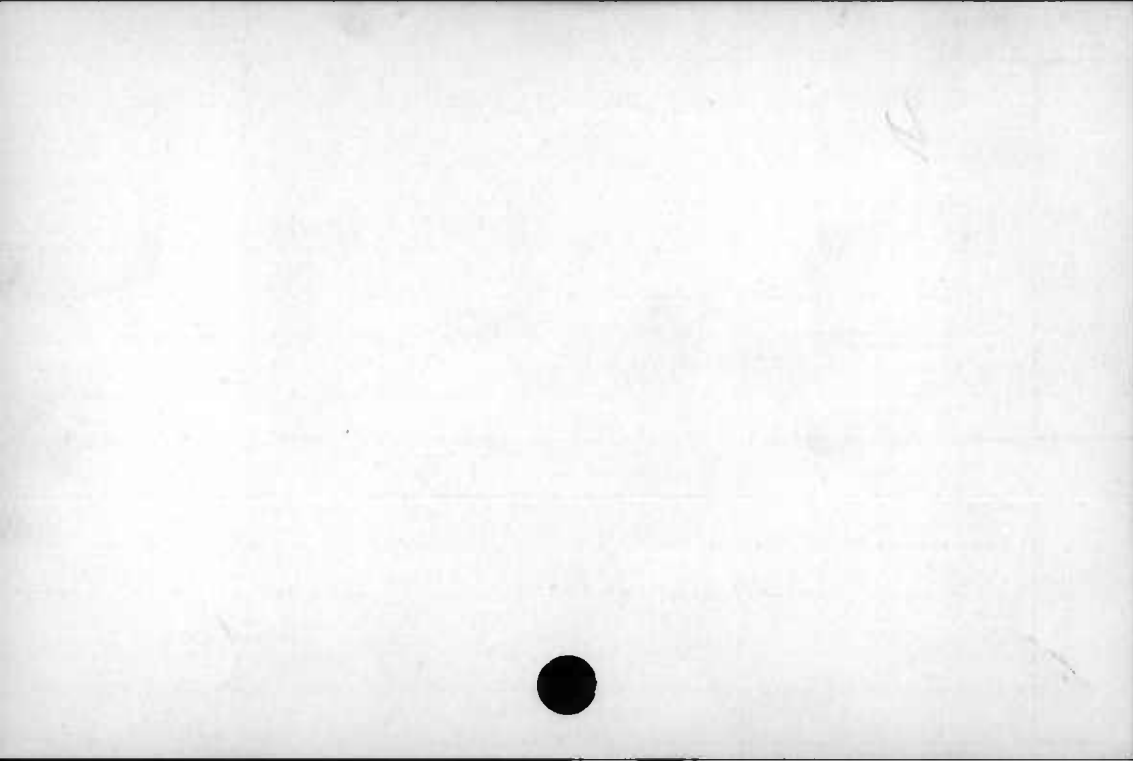
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Chestertown		^{County} Kent		MARYLAND	
Date of death	1907	Month	June	Day	24
Age	Years		Months		Days
Sex	Male		Color or Race	Cauc	
Occupation			Birth-place	Md	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Wm Barroll		
Mother's Maiden Name			Laura Butler		
Name of person giving information			Mother		
Father's Birthplace			Md		
Mother's Birthplace			Md		
How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Convulsions	How long	Several hrs
Immediate	Exhaustion	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. G. Jones	
Address		Chestertown	
Accident or Suicide?		No	



Name
in
Full

Mary Emma Bird

CERTIFICATE OF DEATH

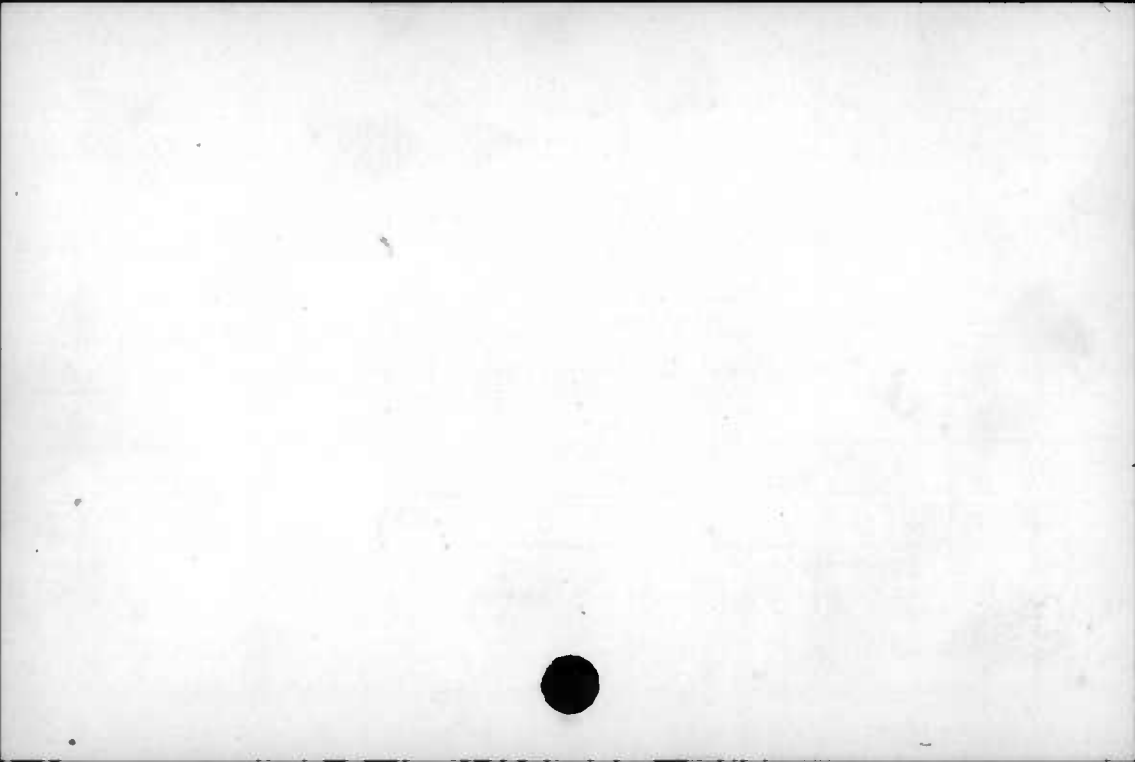
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>18</i>	Age <i>—</i>	Months <i>10</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Near Chestertown</i>		
Occupation <i>Infant</i>	Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>Infant</i>				
Father's Name <i>Will Bird</i>	Father's Birthplace <i>Kent</i>				
Mother's Maiden Name <i>Sanya Huston</i>	Mother's Birthplace <i>Kent</i>				
Name of person giving information <i>Will Bird</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>3 days</i>
Immediate <i>Pneumonia</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Ammons</i>	
	Address <i>Chestertown Md</i>	
Accident or Suicide? <i>No.</i>		



Name

In

Full

CERTIFICATE OF DEATH

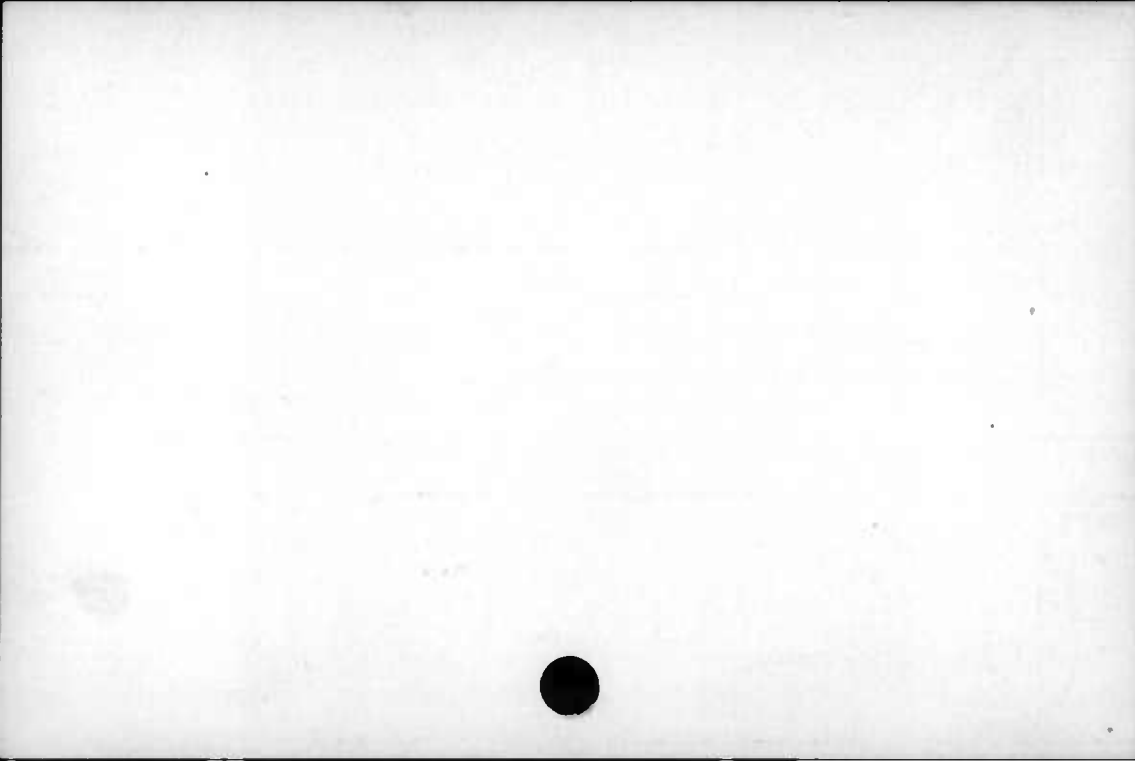
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mitchingtown</i> ^{Town}		<i>Rich</i> ^{County}		MARYLAND	
Date of death	1907	Month	6	Day	20
Age	<i>54 years</i>		Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Mitchingtown</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Larry Bottorick</i>		
Mother's Maiden Name			<i>Annie Pinner</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary	<i>Thrombosis</i>	How long	<i>2 days</i>
Immediate	<i>11</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. C. Cunniff</i>
		Address	<i>Mitchingtown</i>
Accident or Suicide?			<i>2nd</i>

PHYSICIAN
OR CORONER



Name
in
Full

Emily J. Caldwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Wong Lee* Town*Kent* CountyDate of death *1907 June*Day *16*Age *61* Years

Months

Days

Sex *Female*Color or Race *white*Birth-place *Queen Anne Co. Md.*Occupation *Housewife*Where Residing if not at place of death *Kent Co.*Married, Single or Widowed *Widowed*Name of Wife or Husband *Andrew Caldwell*Father's Name *Edwin J. Jupp*Father's Birthplace *Md*Mother's Maiden Name *Emily Lewis*Mother's Birthplace *Md*Name of person giving information *Milton Melvin*How related to deceased *Brother in law*

CAUSES OF DEATH

(27)

Primary

Pulmonary Tuberculosis

How long

Several yrs

Immediate

Athmia

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Frank B. Hines M.D.

Address

Chestertown, Md.

Accident or Suicide?

*No*PHYSICIAN
OR CORONER

Kennedyville M.P. Cemetery.
J. H. Dodd Undertaker.

Name
in
Full

Emaline Canada

CERTIFICATE OF DEATH

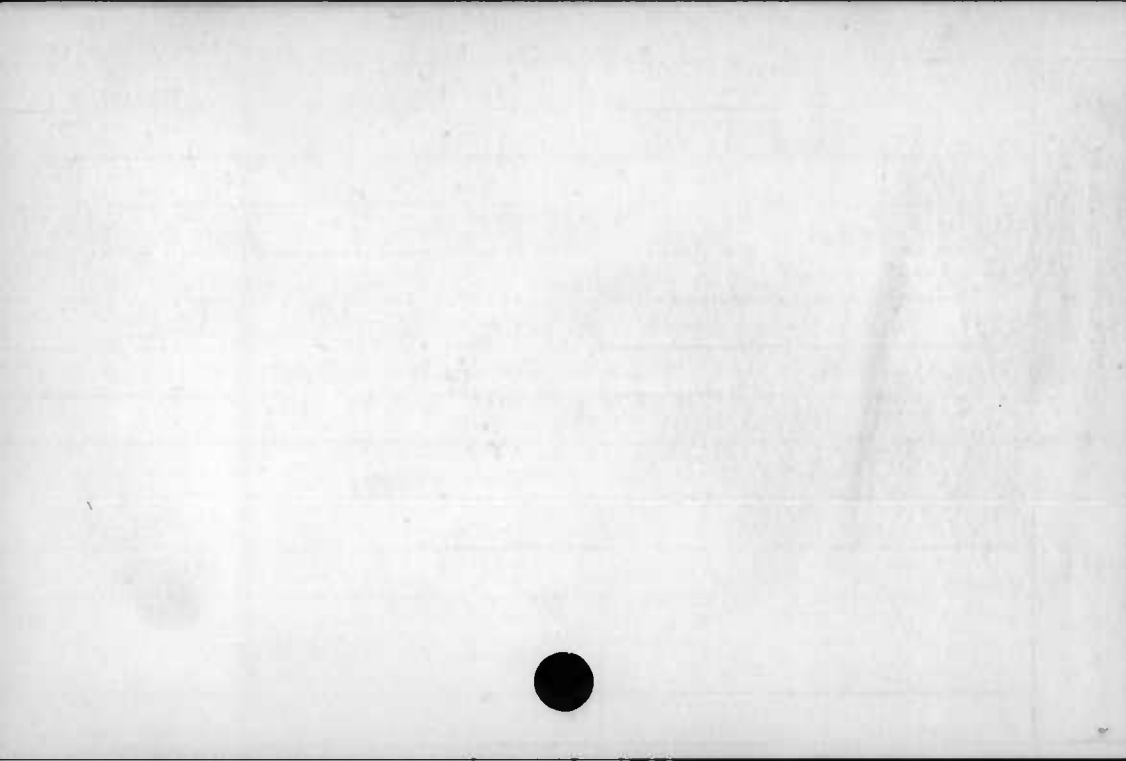
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chestertown</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death 190	<u>7</u> ^{Month} <u>June</u>	<u>1</u> ^{Day}	Age <u>42</u> ^{Years}	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Rock Hall Md.</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Domestic</u>				
Name of Wife or Husband <u>John Canada</u>					
Father's Name <u>Andrew Murray</u>			Father's Birthplace <u>Kent Co.</u>		
Mother's Maiden Name <u>Eliza Hall</u>			Mother's Birthplace <u>Kent Co.</u>		
Name of person giving information <u>Henry Murray</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Indigestion</u>	How long <u>2 days</u>
Immediate <u>Heart Failure</u>	How long <u>short time</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Frank B. Hines</u>
	Address <u>Chestertown, Md.</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Ariana Went

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ches</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death	1907	Month	6	Day	26
Age	29	Years	29	Months	
Sex	Female	Color or Race	Col	Birth-place	Ind
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband <i>John Went</i>			
Father's Name	<i>John Felschman</i>			Father's Birthplace	Ind
Mother's Maiden Name	<i>Unkown</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>Husband</i>			How related to deceased	

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary	<i>Gastric ulcer, rupture of intestine Peritonitis</i>	How long	<i>Several weeks</i>
Immediate	<i>Colloppse</i>	How long	<i>Several hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. G. Simpson</i>
Yes		Address	<i>Ches</i>
Accident or Suicide?			
No			

Chesterton, Colored
Cemetery,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

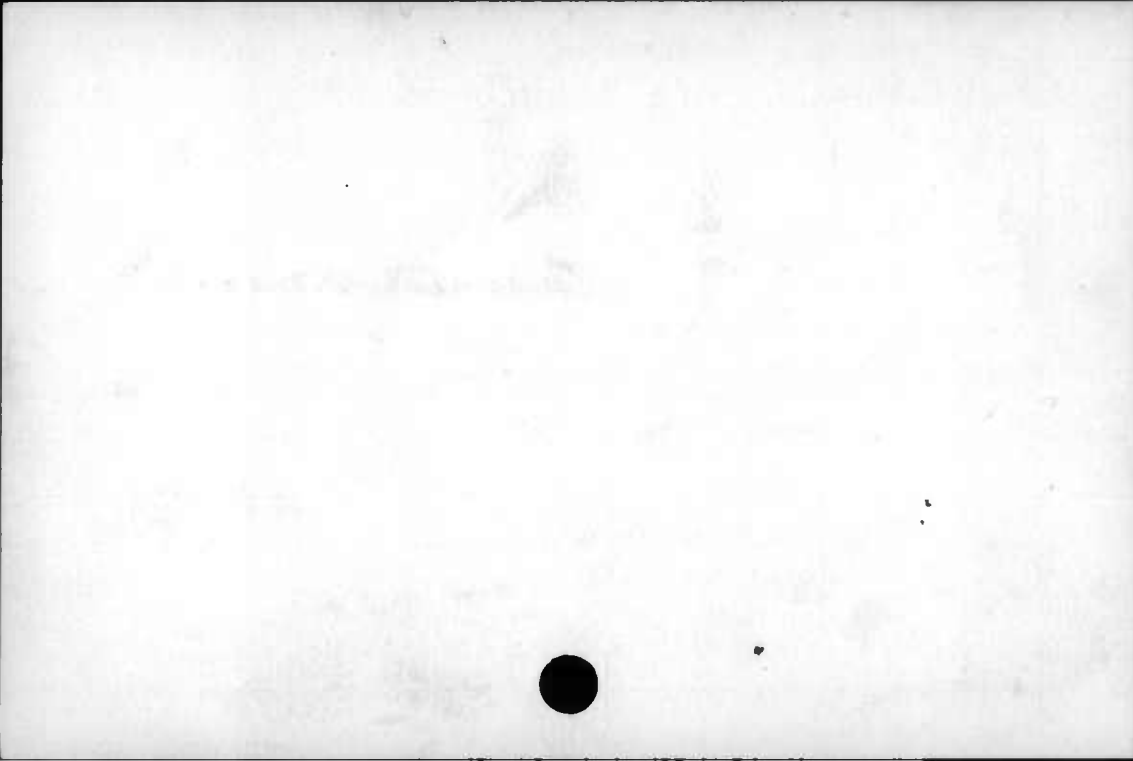
Died at *Millington Kent*Date of death *1907* Month *6* Day *15* Age *about 82* Years Months DaysSex *Male* Color or Race *Col.* Birth-place *Kent Co Md*Occupation *Laborer* Where Residing if not at place of death *At a little home in Chester*~~Married~~ *Married* Name of Wife or Husband *Ellen White*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Thomas Soman* How related to deceased *Son*

CAUSES OF DEATH

79

Primary *Hypertrophy of the Heart* How long *about 80 yrs*Immediate *Hemorrhage* How long *about 15 minutes*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. W. H. Jacobs*Address *Millington Md.*

Accident or Suicide?



Name in Full		John. E. Darity				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Columbia		County		Kent	
	Date of death		1907	Month	June	Day	29
	Age		59	Years	Months		—
	Sex		Male	Color or Race		White	Birth-place
	Occupation		Farmer	Where Residing if not at place of death		—	
	Married, Single or Widowed		married	Name of Wife		Rachel Moffett	
	Father's Name		Wm Darity	Father's Birthplace		U.S.	
Mother's Name		Sarah Darity	Mother's Birthplace		U.S.		
Name of person giving information		Mrs John Price		How related to deceased		Daughter.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Bright's disease.		(120)		How long	
	Immediate	Heart-failure,				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		W.S. Maxwell,
					Address		Still Pond, Md.
	Accident or Suicide?						

Still Pond. Ind.

Name
in
Full

Thomas Wesley Fitchett,

CERTIFICATE OF DEATH

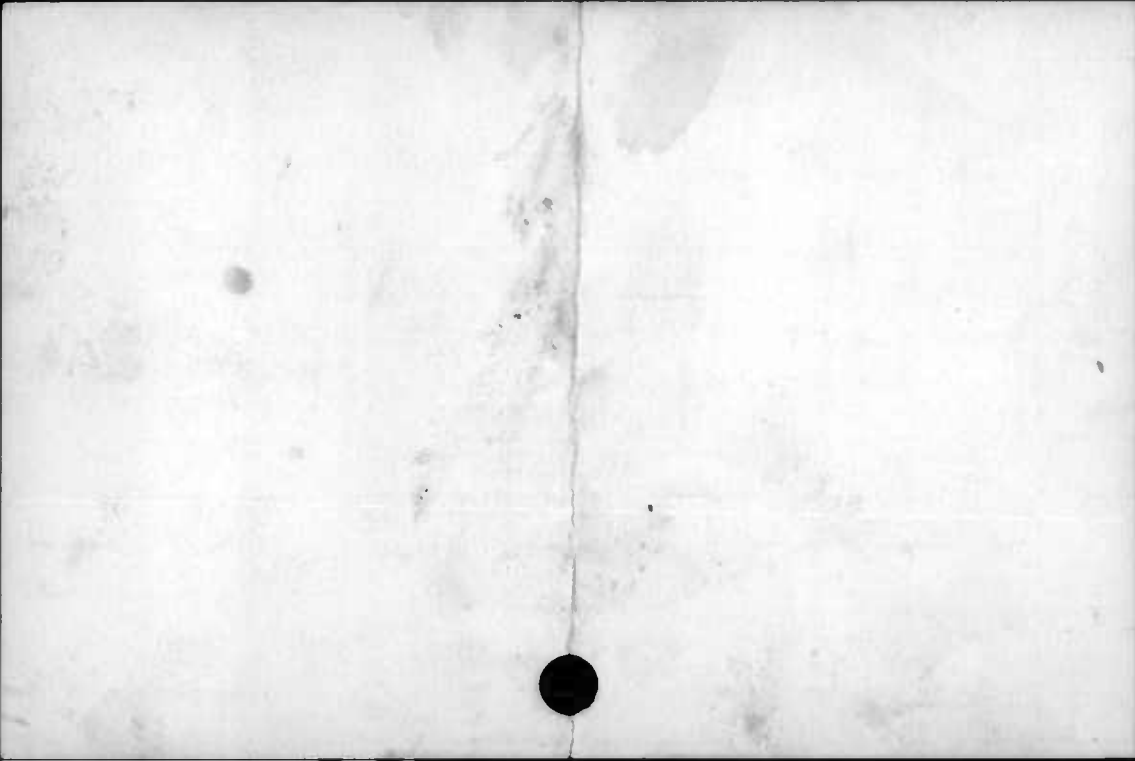
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buttletown</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>27</i>	Age <i>—</i>	Months <i>11</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Buttletown</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Buttletown</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James H. Fitchett</i>			Father's Birthplace <i>2 Virginia</i>		
Mother's Maiden Name <i>Annie P. Beckett</i>			Mother's Birthplace <i>3 Virginia</i>		
Name of person giving information <i>Richard Walker</i>			How related to deceased <i>Worrel</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>(15-1)</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>L. P. Atwell M.D.</i>	
		Address <i>Still Pond</i>	
Accident or Suicide?		<i>md.</i>	



Name
in
Full

Richard Bruce Hynson

Copied

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chestertown</u> <small>Town</small>		<u>West</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>June</u> <small>Month</small>	<u>2</u> <small>Day</small>	Age <u>42</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>20</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Chestertown Md</u>		
Occupation <u>Atty & Counsel at Law</u>			Where Residing if not at place of death <u>Chestertown Md</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Emma Agnes Gilpin</u>				
Father's Name <u>Richard Hynson</u>	Father's Birthplace <u>Kent Co. Md.</u>				
Mother's Maiden Name <u>Caroline Louisa Mearns</u>	Mother's Birthplace <u>Philada. Pa</u>				
Name of person giving information <u>Emma A Gilpin Hynson, wife</u>			How related to deceased <u>Wife -</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid & Septicæmia</u>	How long <u>2 Weeks</u>
Immediate <u>Paralysis</u>	How long <u>5 Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. Frank Shivers</u>
	Address <u>Chestertown Md</u>
Accident or Suicide? <input type="checkbox"/>	

St. Pauls

Secretary

John N. Ladd

Undersher

CERTIFICATE OF DEATH

MARYLAND

Died at Betterton Town

County Kent

Date of death 1907	Month June
-----------------------	---------------

Day	Years
10	83

Months	Days
4	—

Sex male

Color or Race White

Birth-place U. S.

Occupation Retired

Where Residing if not
at place of death

Married, Single
or Widowed married

Name of ~~Wife~~ or Husband *Rosetta*

Draker.

Father's Name Wm Jewell

Father's Birthplace *U.S.*

Mother's
Maiden Name Wickham

Mother's Birthplace Albany, New York

Name of person giving information Wm Jewell

How related to deceased son

CAUSES OF DEATH

Primary	Softening of the brain.
Immediate	Vocal-failure.

How long two years.

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician

re of Wm. S. Maxwell,
in
Address Still Pond, Md.

Accident or Suicide?

Union Cemetery

Name
in
Full

Heorn O. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

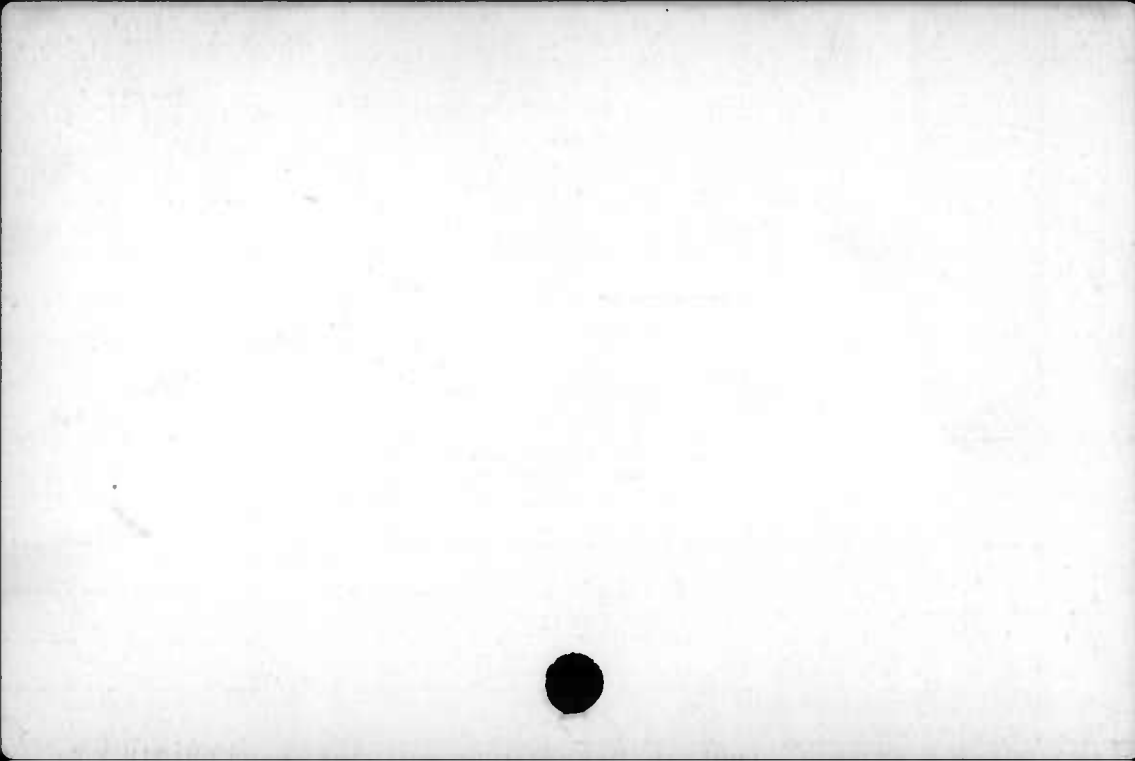
Died at <u>Chester</u> ^{Town}		<u>Kent</u> ^{County}			
Date of death <u>1907 Jan.</u>	Month <u>Jan.</u>	Day <u>24</u>	Age <u>53</u>	Years <u>53</u>	Months <u>0</u> Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Am Co</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Laura Johnson</u>				
Father's Name <u>Hyman Johnson</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Hannah Corbett</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Curran Johnson</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

(95)

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>8 Weeks</u>
Immediate <u>Reapiratory Failure</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. H. Williams</u>
	Address <u>Chester Md</u>
Accident or Suicide? <u>No</u>	



Name
In
Full

Laura Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

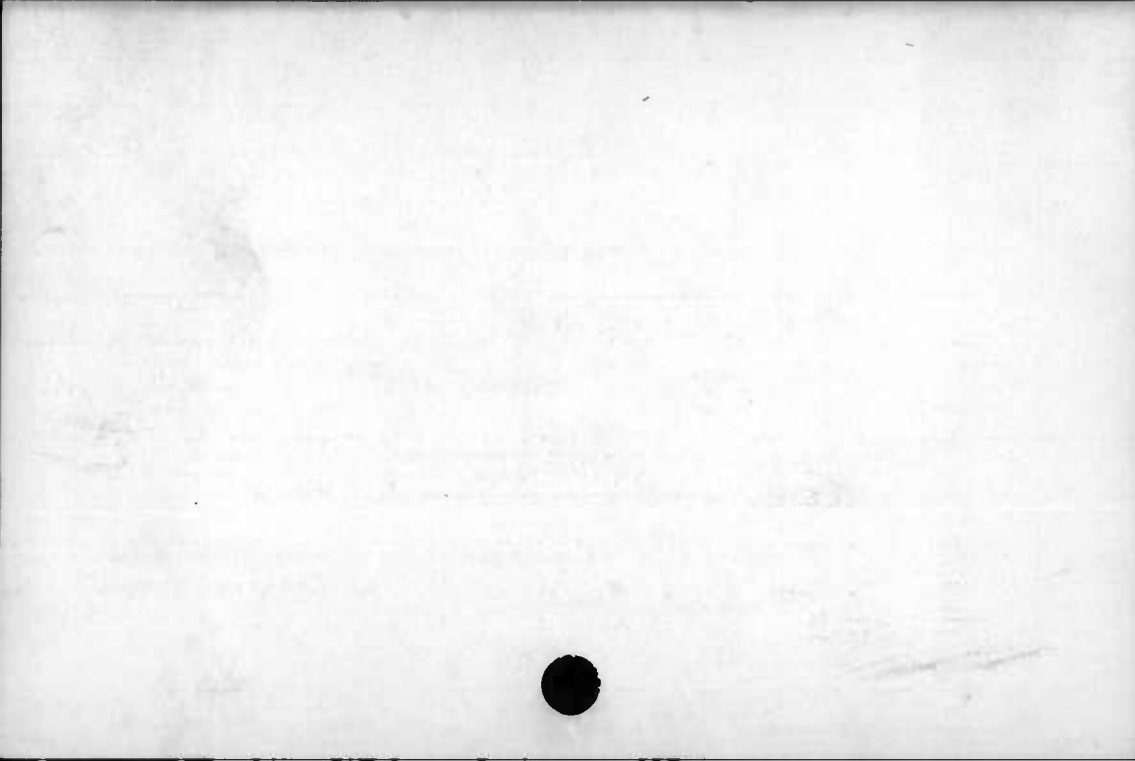
Died at <i>Fairlee</i> Town		County <i>Sevier</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>9th</i>	Age <i>46</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Col</i>	Birth-place <i>Ind</i>			
Occupation <i>House in be</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lewin Johnson</i>				
Father's Name <i>Philip White</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Salina ?</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Husband</i>		How related to deceased			

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>8 mo</i>
Immediate <i>Exhaustion</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. J. Simpson</i>
	Address <i>Chestertown Ind</i>
Accident or Suicide? <i>No</i>	



Name in Full

Certificate of Death

Samuel Johnson

Town

County

Died at

Broad Neck

Kent

MARYLAND

Date 189

1907

Month

Day

Y.

M.

D.

Native of

Occupation

June 26

Age 62

Md. Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number children living

Two

Husband

of

Wife

Father's

Name

Georganna Johnson

Mother's

Name

Don't know Don't know

Cause of

Primary

Bright's Disease

How long sick

5 or 6 weeks

Death

Immediate

Uraemia

120

lost sight of

Accident, Suicide, Homicide

Reported by

Harry L. Dodd, M.D.

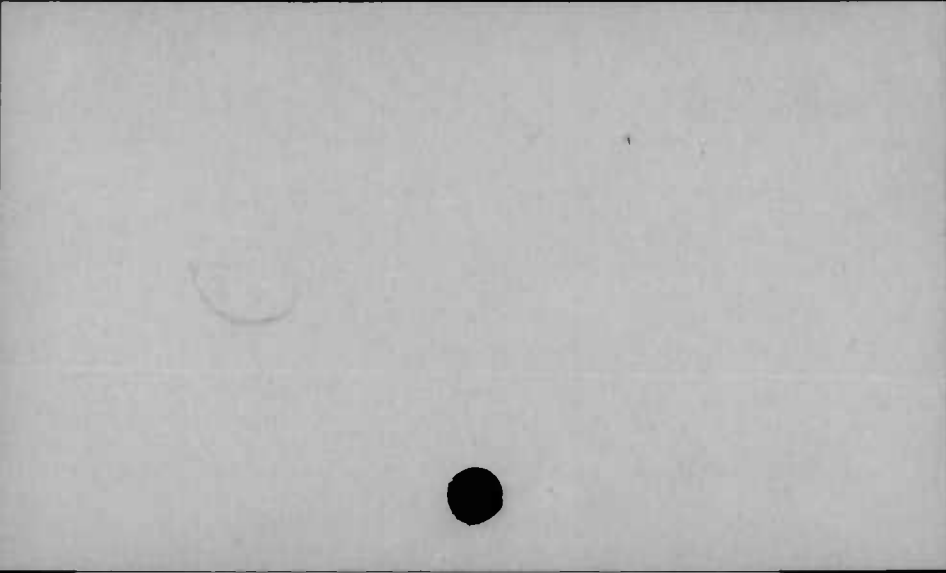
Address

Chesterbrook Md.

Name of informant, Wright Johnson, son of deceased.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1898



Name
in
Full

Cereva Kennard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

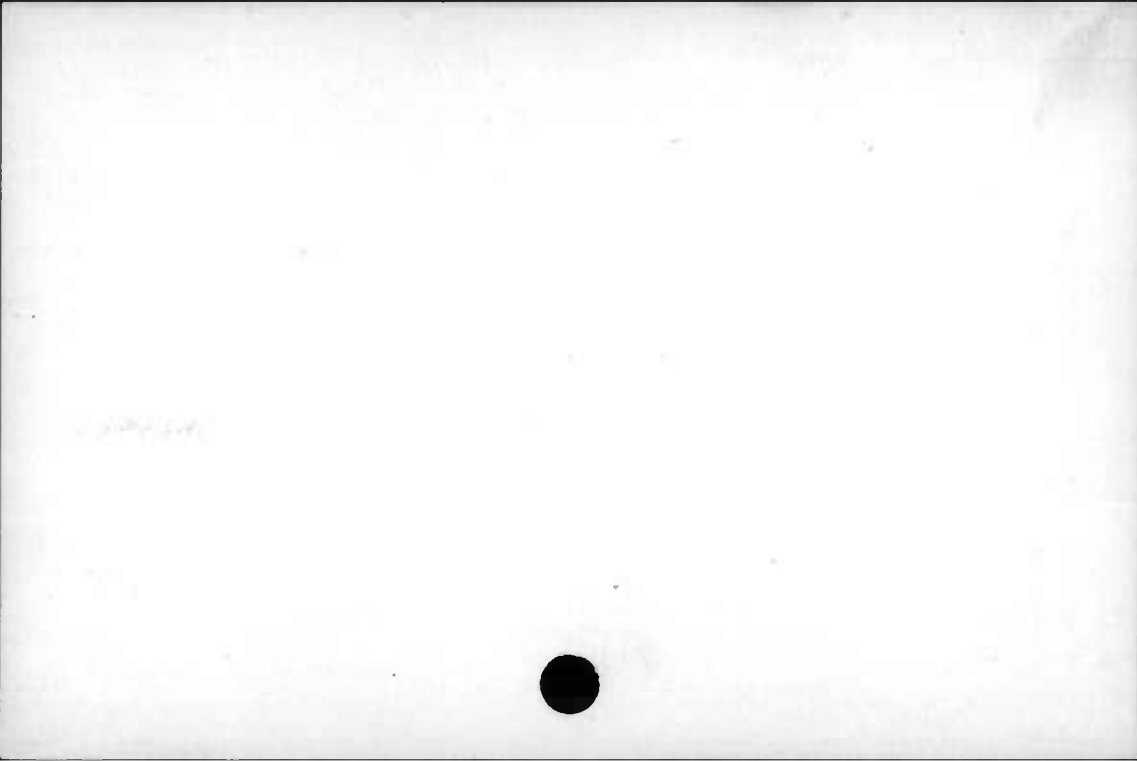
Died at <i>Rock Hall</i>		County <i>Keokuk</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>29</i>	Age <i>15</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Pennsylvania</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Not Known</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>not known</i>	Name of person giving information <i>George Kennard</i>		How related to deceased <i>Adopted</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Not Known</i>	<i>Supposed to be Consumption</i>	How long
Immediate <i>Sick about 5 months.</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of <i>F M Satterfield S R</i>	
	Address <i>Rock Hall Md</i>	
Accident or Suicide?		



Name
in
Full

Mary Elizabeth Leary

CERTIFICATE OF DEATH

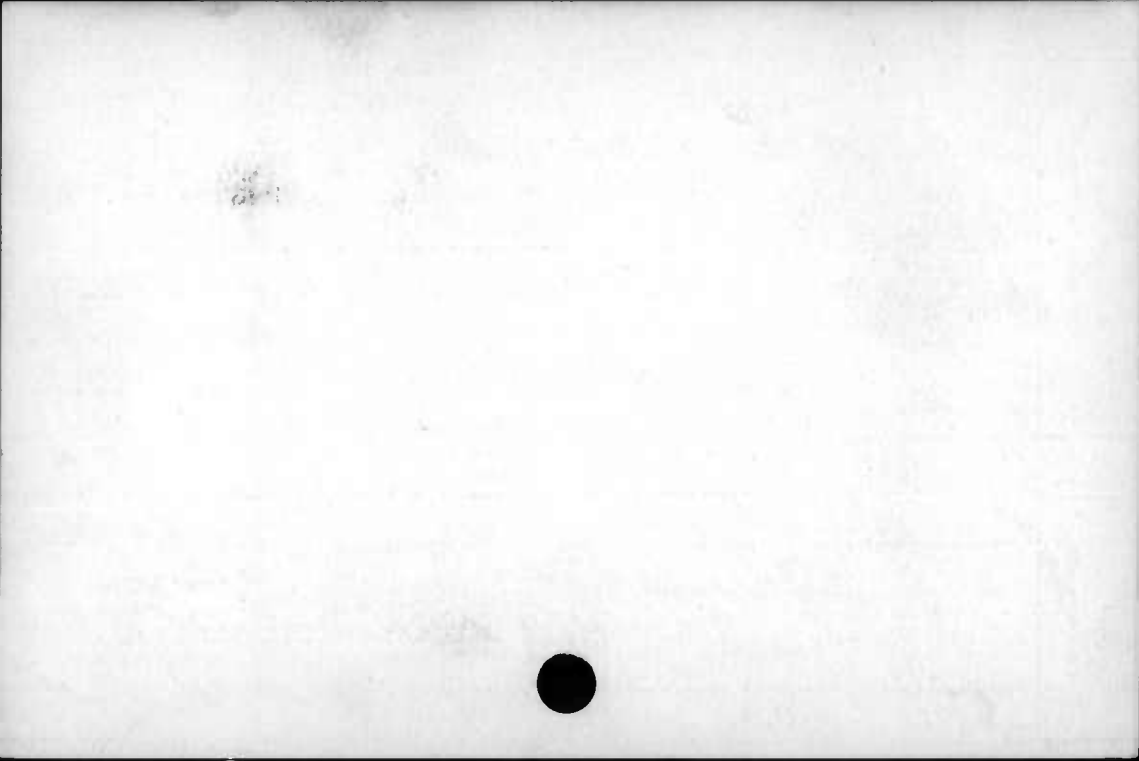
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Rock Hall</i>		Town <i>Rock Hall</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>June</i>	Day <i>15</i>	Age <i>67</i>	Years	Months <i>3</i>	Days <i>15</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>New Jersey</i>			
Occupation <i>House Keeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>George E. Leary</i>					
Father's Name <i>Not Known</i>		Father's Birthplace <i>New Jersey</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Elmer E. Leary</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	<i>66</i>	How long <i>19 hours</i>
Immediate <i>Exhaustion</i>		How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter J. M. [Signature]</i>	
	Address <i>Rock Hall, Md.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Carolene Miller</i>		Town <i>Rock Hall</i>		County <i>Kent</i>		State <i>MARYLAND</i>	
Died at <i>Rock Hall</i>		Date of death 1907		Month <i>June</i>		Day <i>25</i>	
Age <i>5-6</i>		Years <i>3</i>		Months <i>11</i>		Days <i>11</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>			
Occupation <i>House Keeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>William F. Miller</i>					
Father's Name <i>John C. Davis</i>		Father's Birthplace <i>Kent Co Md</i>					
Mother's Maiden Name <i>Julia Elizabeth Clark</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Michael N. Satterfield</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter D. Kelly M.D.</i>
	Address <i>Rock Hall, Md</i>
Accident or Suicide?	



Name
in
Full

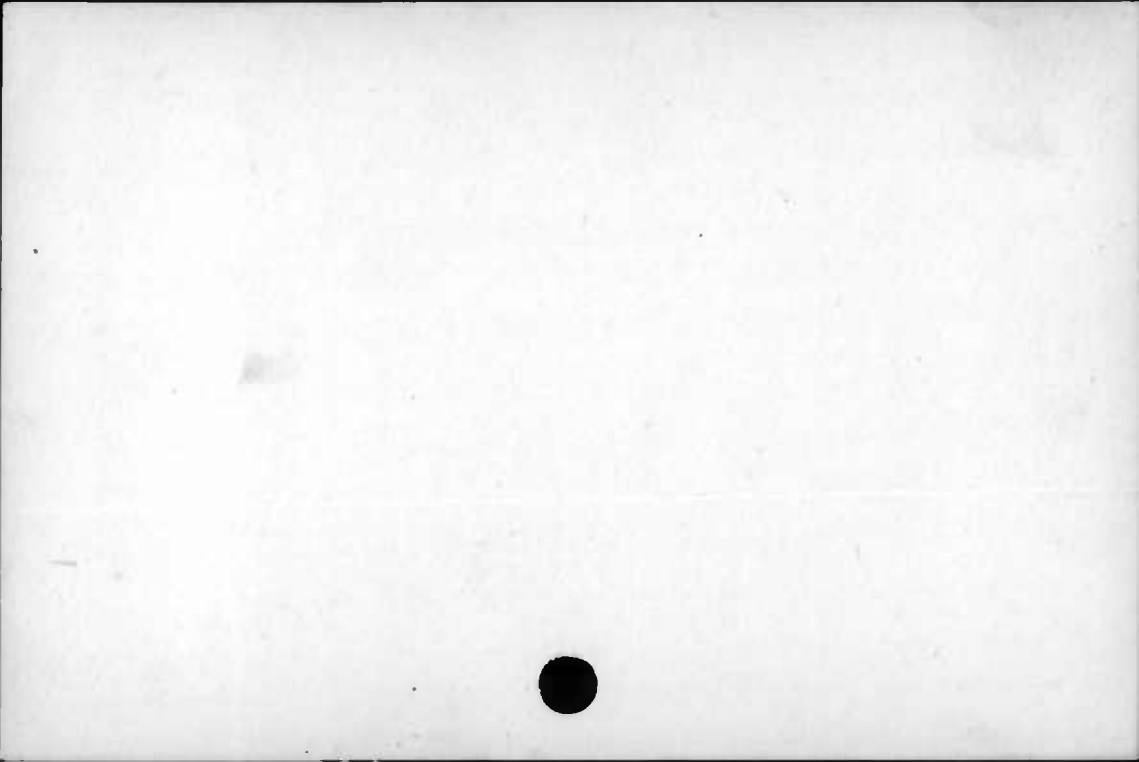
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Massey</u> Town		<u>Porter</u> County		State of <u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>19</u>	Age <u>7</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Caucasoid</u>		Birth place <u>Kent Co</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Infant</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Geo Porter</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Mary Ellen Turner</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>father</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

Primary <u>Premature birth</u>	(151)	How long <u>—</u>
Immediate <u>—</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm Jeter</u>	Address <u>Millington, Md.</u>
Accident or Suicide? <u>—</u>	<u>—</u>	



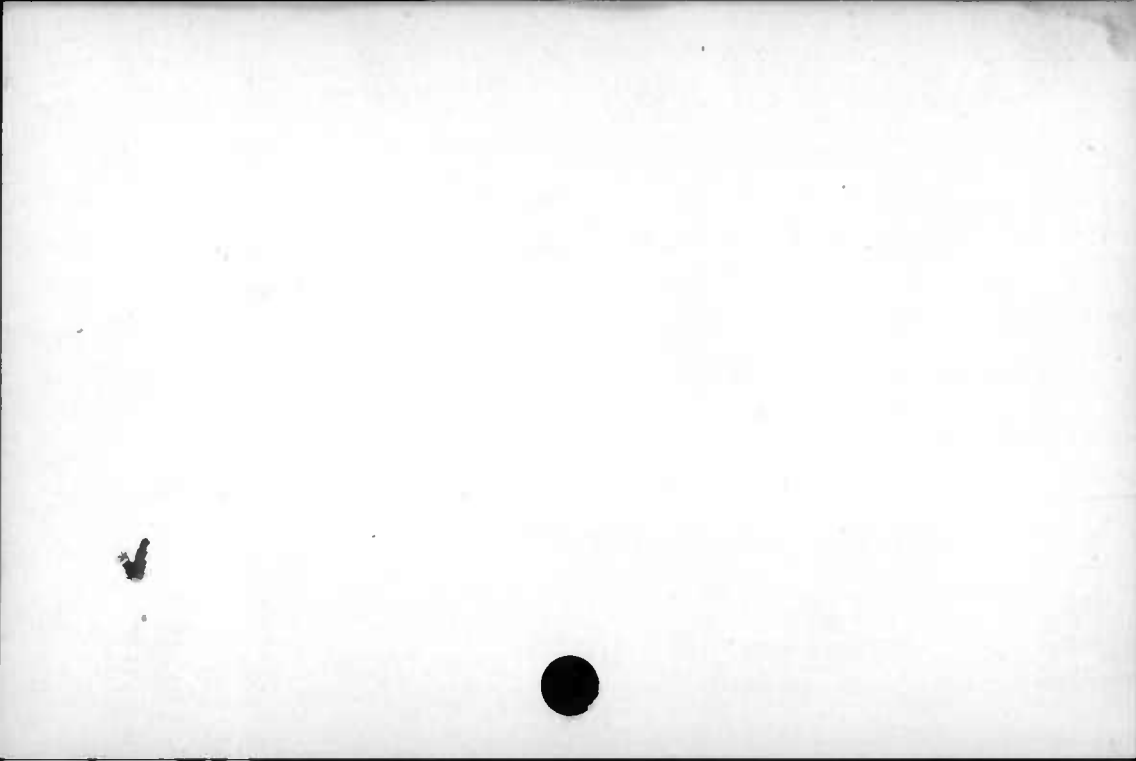
CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		6	27	77			
Sex		Color or Race		Birthplace			
Male		Negro		Millington			
Occupation		Where Residing if not at place of death					
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Single		Unknown					
Father's Name		Father's Birthplace					
Unknown		Unknown					
Mother's Maiden Name		Mother's Birthplace					
"		"					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

154

Primary	Natural decay	How long	Long months
Immediate	" "	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. C. ...
		Address	Washington
Accident or Suicide?			



Name
in
Full

James Quick

CERTIFICATE OF DEATH

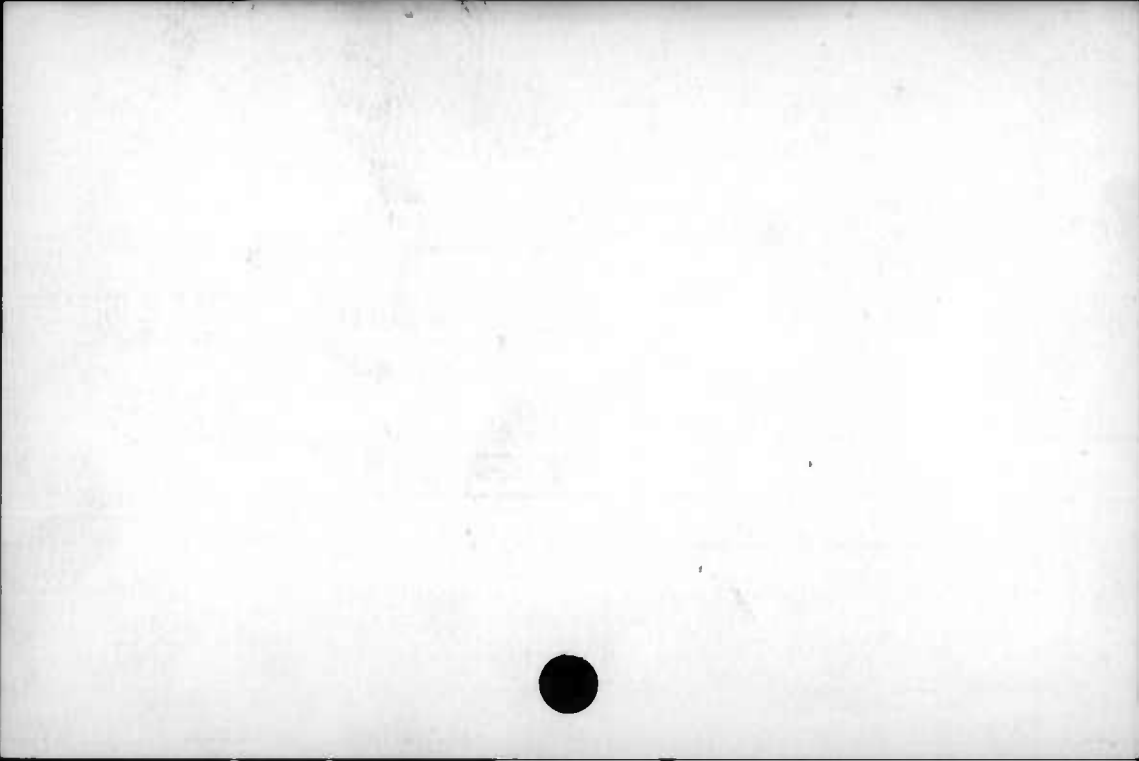
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eastville</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>16</u>	Age <u>64</u>	Years <u>64</u>	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Pennsylvania</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary S Ray</u>				
Father's Name <u>Not Known</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Lusvenia Jones</u>	Mother's Birthplace <u>Pennsylvania</u>				
Name of person giving information <u>Mary S Ray</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart disease</u>	How long <u>3 months</u>
Immediate <u>Exhaustion</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Watts & J. J. M.</u>
	Address <u>2025 1st St</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

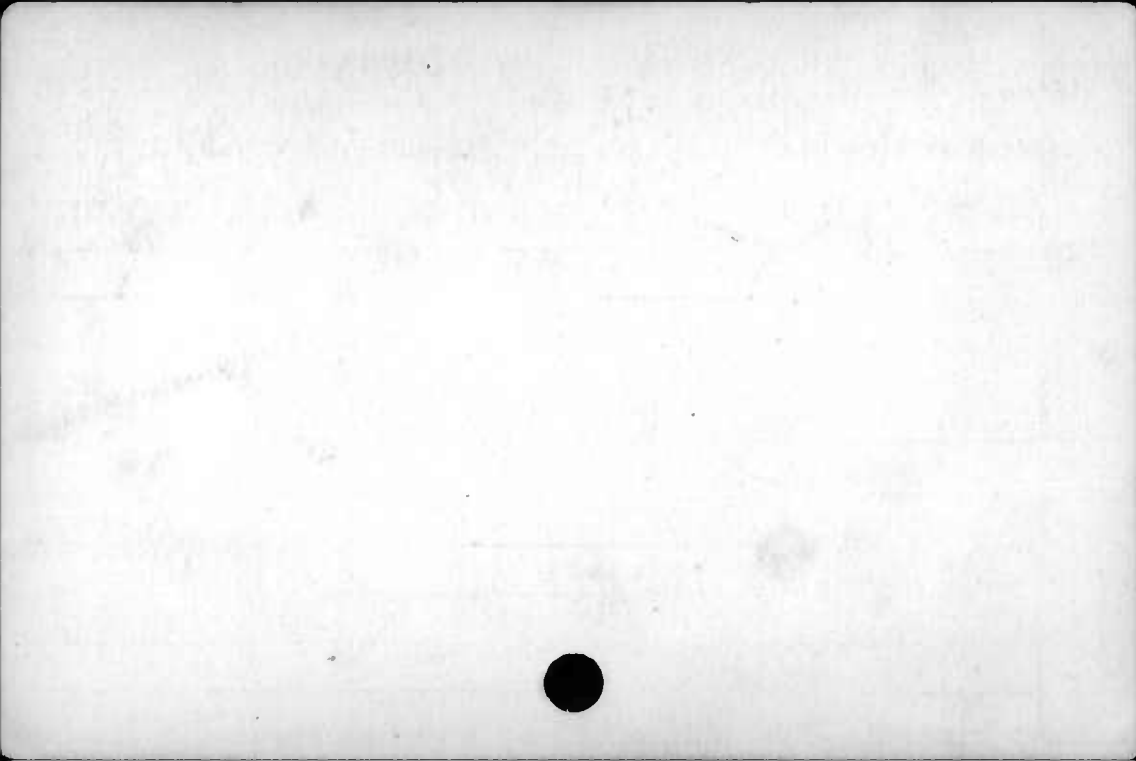
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Harry Rigby</i>		Towa <i>Chesapeake</i>		County <i>Kent Co.</i>		MARYLAND	
Died at <i>Chesapeake</i>		Month <i>June</i>		Day <i>29</i>		Age <i>59</i>	
Date of death <i>1907</i>		Years <i>59</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Kent. Co. Md</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Wm. H. Rigby</i>		Father's Birthplace <i>Kent. Co. Md</i>					
Mother's Maiden Name <i>Sant. - Allen</i>		Mother's Birthplace <i>Kent. Co. Md</i>					
Name of person giving information <i>Jas. Rigby</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>23 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>L. W. Halstead</i>
	Address <i>Chesapeake, Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

John Taylor
Caleman

CERTIFICATE OF DEATH

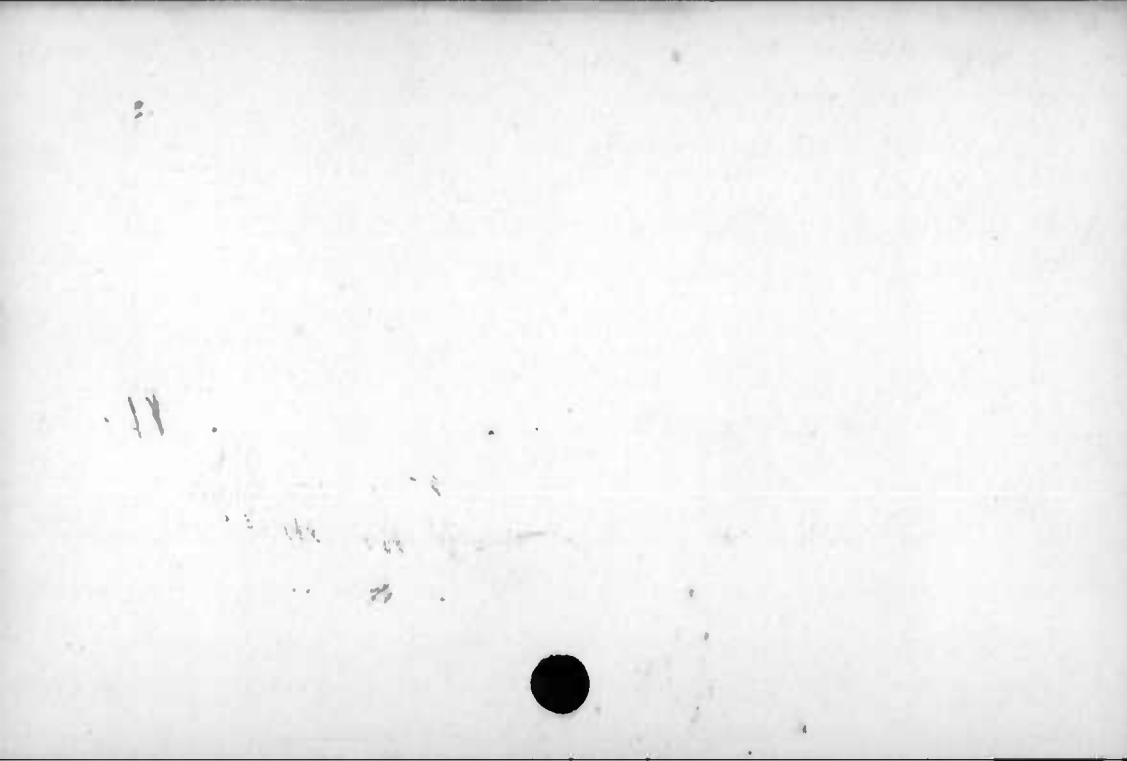
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1907	Month	June	Day	4	Age	60
Sex	male	Color or Race	Black	Birth-place	U.S.		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Eliza Wright				
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown		
Name of person giving information	James Taylor			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis.	How long	2 years.
Immediate	Heart failure.	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician William S. Maxwell.		
	Address Still Pond, Md.		
Accident or Suicide?			



Name
in
Full

Unknown Man

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>found on shore</u> Town		County <u>Kent</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>June</u>	Day <u>28</u>	Age <u>unknown</u>	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place		
Occupation <u>unknown</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Coroner.</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Drowned</u>	How long <u>Unknown</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <u>A. L. Harris J.D.</u>
Accident or Suicide? <u>Unknown</u>	<u>Acting Coroner</u>

(172)

Beynusa Crane Lake